



The Alaska WIC Program
FY 14 Revised Proposed Program Changes

Report of Public Comments Received
June 15th, 2012

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Table of Contents

I.	Introduction & Background	2
II.	Summary of Comments Received	5
III.	Analysis of Comments Received	10
Attachment A: WIC Program Response to Questions Received		12
Attachment B: Proposed Regionalization of WIC grantees		21
Attachment C: List of Teleconference Participants		22

I. Introduction and Background

Since 1977, the Alaska WIC Program has served pregnant and post-partum women and their children up to five years of age. The program serves approximately 26,000 participants through 28 fixed clinic locations with 235 additional communities served on an itinerant basis. To participate, individuals must meet income guidelines, a State residency requirement, and be individually determined to be at "nutritional risk" by a health professional. To be eligible on the basis of income, applicants' gross income must fall at or below 185 percent of the U.S. Poverty Income Guidelines for Alaska. For eligible participants, the Alaska WIC Program supplies:

- Free nutritious foods
- Information on nutrition and health
- Breastfeeding support and resources
- Referrals to community services

Participants in the Alaska WIC program do not receive services directly from the State. Instead, services are delivered by Local Agencies who are awarded grants from the State of Alaska in a Request for Proposals (RFP) process. The Local Agencies provide outreach and direct program services to eligible clients, and oversee vendors in their service areas. Currently, there are 16 Local Agency grantees.

The Alaska WIC program awards about 75% of its total State WIC budget to the Local Agency grantees. Costs charges to the WIC grant from the Local Agency Grantees include administrative staff salaries and other program costs. The average monthly caseload of a Local Agency Grantee varies from just over 100 at the smallest to nearly 7,000 at the largest. Some communities are served by multiple Local Agencies while other Local Agencies serve multiple communities. The staffing structure varies by grantee.

The Alaska WIC Program is funded primarily through a grant from the United States Department of Agriculture (USDA). The Alaska WIC program has been flat-funded for years, while the cost of implementation has risen along with the costs of food. In 2006, the State of Alaska hired a contractor to provide recommendations for changes to the State's funding formula for WIC Local Agency grantees¹. The objectives of the analysis were to:

1. Assure program continuity in the face of flat, or reduced, federal funding
2. Meet or exceed federal caseload targets

¹ CTG Final Report "WIC Grantee Caseload & Funding Formula Analysis" 2006.

3. Develop quality client services state-wide
4. Achieve program efficiencies in administrative and operational costs by redirecting resources for targeted program improvements
5. Establish an equitable funding formula for grantees (Local Agencies)

From that report, the Alaska WIC program began the process of implementing long term strategies to find efficiencies at the state and local administrative levels. Under the current federal funding reductions, the state WIC Program is again proposing program changes.

The Alaska WIC program seeks to strike a balance between finding program efficiencies in tight budget conditions while ensuring that the local agencies are not underfunded to such a degree that the staff are unable to provide services at the "Best Practices" level as outlined in the Nutrition Service Standards. By making changes to the FY 14 Local Agency grant process, the Alaska WIC program aims to:

- Increase resources available for direct services.
- Increase compliance with federal standards on WIC services.
- Attain administrative and cost efficiencies.
- Enable local agency providers to deliver more services to underserved populations.

In January of 2012, the WIC program held a series of five regionally based teleconferences with current WIC grantees and interested parties to solicit feedback and questions on the proposed changes. A report of the proceedings was prepared, and based on the feedback received the WIC program made revisions to the proposed changes to the WIC FY14 grant program. In addition, WIC program staff prepared responses to the questions that had been submitted during the public process. The responses to questions are provided as Attachment A.

Revised Proposed Changes

1. Reduce number of WIC grantees through regionalization of services. See Attachment B: "Revised Proposed Regionalization in WIC Grantees." Grantees proposing to serve a service area of less than 1,000 participants will be required to apply for a waiver.
2. Require experience in administering a WIC grant or similar grant with Alaska DHSS successfully.
3. Require a Registered Dietitian (RD) as a permanent employee of each WIC program (not one on a contract).
4. Require the WIC Coordinator to have a professional degree in addition to extensive experience in performing a full range of administrative and management duties.

5. Transfer the responsibility of maintaining computer hardware, IT support, and security to individual WIC grantees.

Summary of Outreach Activities

A teleconference was held on June 15th, 2012 to gather feedback on the proposed program changes from current WIC Local Agency grantees and other interested parties. In addition, comments were also accepted via email through June 15th, 2012.

A public notice bulletin of the teleconference was placed with the State of Alaska and published on June 5th, 2012. An FAQ of the revised proposed changes was prepared, which included additional facts, the specific questions feedback was requested on, and answers to the questions received from the January 2012 public meetings, and placed in the public notice as an attachment. On June 11th, 2012 Local Agency Coordinators were sent an email reminder of the upcoming teleconferences with the FAQ attached.

A copy of the notice was also made into a flyer and sent to the WIC state office locations for display in Anchorage and Juneau, and at WIC Local Agencies throughout the state

Comments and questions were also accepted via email until 5:00 p.m. on June 15th, 2012.

II. Summary of Comments Received

There were thirteen individual participants who called into the June 15, 2012, teleconference in addition to State WIC program staff. They represented nine of the fifteen current WIC Local Agency grantees, as well as a representative of the Alaska Native Health Board. In addition, supplemental comments were received via e-mail from one of the Local Agencies that also participated in the call. A complete list of the teleconference participants is included as Attachment B.

Comments were specifically requested on the following questions outlined in the FAQ attached to the public notice announcement preceding the teleconference:

1. What challenges do you anticipate regarding the State allocating funds by service region versus by where clients actually receive services? See question #1 under, "Additional information about the proposed changes." What are the advantages and disadvantages of this approach?
2. What comments do you have regarding the state's definition of a successful WIC grantee or non-WIC grantee? How should the state define limited management evaluation findings, timely reporting, and attendance at state sponsored training?
3. What method of allocating funding for IT needs would best meet the needs of your organization?
4. Since the Providence WIC clinic closed June 2011, there has been an increased need by non-Anchorage local agencies to gather client application information or non-contract formula information from village clients that have gone to Anchorage for medical reasons. Would it be helpful if the Anchorage Local Agency also provided liaison services for non-Anchorage Local Agencies who have clients that are temporarily located in Anchorage due to medical reasons? Do you have other suggestions for how this need could be met?
5. Are there any additional suggestions for how the Alaska WIC program can increase resources available for direct services, increase compliance with federal standards on WIC services, attain administrative and cost efficiencies, and/or enable local agency providers to deliver more services to underserved populations?

The comments received from the WIC local agencies and interested parties are summarized below, by question number.

- 1. What challenges do you anticipate regarding the State allocating funds by service region instead of by where clients actually receive services? See question #1 under, “Additional information about the proposed changes.” What are the advantages and disadvantages of this approach?**

There was one comment received on this question. The commenter noted that it could be challenging to meet the higher caseload requirements and switch clients to a new WIC service provider. There was also a concern that a Local Agency could be penalized for not meeting case load requirements, and not being given sufficient time to meet increased case load requirements.

The State was also asked to provide information on how long the Local Agency will have to meet the caseload requirements, and if the State can offer suggestions for how best to transition clients?

- 2. What comments do you have regarding the state’s definition of a successful WIC grantee or non-WIC grantee? How should the state define limited management evaluation findings, timely reporting, and attendance at state sponsored training?**

Three individuals commented on this question.

One comment addressed the criteria for limited evaluation findings. The evaluation findings are a tool to evaluate successfulness, but also with software policies and policy changes, agencies sometimes use them to document the required changes. It was recommended that the state define a successful grantee as an agency that has had no repeat findings within the past three successive management evaluations so the State will be able to determine if the agency has become compliant and has successfully implemented programmatic and operational measures required in their corrective action plans.

Two comments centered on the registered dietitian requirement and how a lapse in dietitian services might be perceived by the State. Some agencies have trouble recruiting and retaining registered dietitian services. One commenter asked, what would be an “allowable lapse of time” for an RD position to be filled before there was a finding? It was also recommended that

the wording be open enough that an agency could use a contract RD to be in compliance with federal regulations until the position is filled permanently.

3. What method of allocating funding for IT needs would best meet the needs of your organization?

Three individuals asked for more information on the expected IT role of the Local agency including specifications for connectivity, hardware, implementation and related costs. The commenter's noted that more specific information was needed to make an informed comment. No other comments were received.

4. Since the Providence WIC clinic closed June 2011, there has been an increased need by non-Anchorage local agencies to gather client application information or non-contract formula information from village clients that have gone to Anchorage for medical reasons. Would it be helpful if the Anchorage Local Agency also provided liaison services for non-Anchorage Local Agencies who have clients that are temporarily located in Anchorage due to medical reasons? Do you have other suggestions for how this need could be met?

Four individuals commented on this question.

To reach babies receiving care in the NICU there were two recommendations that the WIC program contract with a Providence NICU RD to pick up on clients who need special formula, coordinating with the home WIC agency and help with the transition to the home WIC agency. Both noted that this is advisable because the personnel policies and clearance requirements for non-Providence employees can be prohibitive. One comment noted that the NICU is only going to see the high risk births, and not necessarily all eligible clients.

Two comments discussed the utility of serving rural clients, who are predominantly Alaska Native. Those people go to ANMC for services and so it is not clear that a local agency liaison or Providence contractor would be helpful. To reach these clients in their medical home, someone within the tribal system would need to provide the liaison services.

There was an additional recommendation to simply change the funding formula to increase funding slightly for agencies with high risk clients, and allow the agencies to decide how best to meet their needs, whether through contracts, liaisons or other options.

5. Are there any additional suggestions for how the Alaska WIC program can increase resources available for direct services, increase compliance with federal standards on WIC services, attain administrative and cost efficiencies, and/or enable local agency providers to deliver more services to underserved populations?

No Comments.

6. Additional comments?

Eight individuals made addition comments during the teleconference and one comment was received via email.

One comment was that this structure is much improved from the original proposed revisions that were presented in January.

Three comments noted difficulties with the proposed regionalization. These included that Southeast is still proposed to go from two agencies to one, and that still presents problems because of the sovereignty of Metlakatla. Metlakatla will need to invite SEARCH or at least provide a resolution of support for SEARCH to take over WIC services in their community. Another concern was that if the AS YMCA no longer provides services on base (JBER), there may be challenges providing services on base for an agency that is not a government contractor with permissions to be on base. And, a third was that in the proposed service regions, one of the communities currently served by BBAHC, the village of Platinum, is in the Bethel Service Region. That community is traditionally served by BBAHC, which has a clinic there and makes an annual trip to enroll WIC clients. The commenter was not aware of YKHC offering any services in that community.

An additional concern was voiced that the degree and RD requirements may not be economically feasible. If the changes don't mean additional dollars for the grantees, there may be difficulty in recruiting.

In response to issues raised, the following clarifications were also made from available information:

- Grant funds allocated to each Local Agency will be based on the expected case load in the service region, and not where clients choose to receive services. If clients from one service region elect to receive services from another agency, outside of their home service region, the grant funds will not follow them.

- Additional program dollars are not expected to flow into the WIC grantees as a result of these changes. The State WIC office expects flat federal funding, and plans to continue using the geographic banding formula in place.
- WIC grantees that do not have program findings are still expected to have an RD on staff. This requirement will apply to all grantees, regardless of compliance status.
- If a region has less than 1000 clients, a waiver will be required as part of the FY14 grant process. In addition, agencies may apply to serve multiple services regions.

Two additional questions were posed to the WIC program.

- Will there be an evaluation done after these changes are implemented to see if the goals have been met, and if there are opportunities for changes in the future?
- Does the WIC program intend to hold a separate tribal consultation on the proposed program changes, and if not, why?

Finally, a recommendation was voiced that the WIC program should contact each of the Local Agencies that may be losing their WIC program, and verify how much, if any, in kind they would be willing to provide to a new agency.

III. Analysis of Comments

Overall, fewer agencies participated in this final teleconference than participated in the regional teleconferences in January. It isn't possible to speculate if the lack of participation meant that those agencies felt their concerns and questions had been addressed in the proposed revisions, or if scheduling issues simply prevented their participation. While many of the callers had participated in a January teleconference, there were also several new participants who are in leadership positions within the organizations that host the WIC programs, as well as a representative of the Alaska Native Health Board.

The proposed changes and their impacts seem to be much better understood by the Local Agencies participating in this call. While there were a few questions and requests for clarification received, this was greatly reduced from the January teleconferences where over three pages of questions resulted.

The comments received can largely be broken up into four categories: Recommendations for the State WIC program on implementation, continuing challenges that have not yet been resolved by these revisions, new challenges of the proposed revisions, and remaining areas for clarification.

Recommendations: Recommendations were given in response to two of the questions asked by the State. On compliance related issues, there were two recommendations. The first was to use three successive management evaluations as a grantee's history in evaluating compliance. The other recommendation was to take into account the difficulties of finding an RD when a vacancy occurs, and to ensure that there is reasonable accommodation for Local Agencies attempting to address a staffing issue in a position that is historically difficult to fill. This accommodation could be accomplished through allowing for a temporary contract RD to fill the roll and/or giving the agency a longer period of time to fill a vacant RD position before they are cited for non-compliance.

Four suggestions were received on how the WIC program could handle liaison services for clients relocated to Anchorage for medical reasons. Three recommendations centered on contracting with personnel already located within the facilities, whether that is Providence or ANMC. The other recommendation was to simply give additional funding to agencies with high risk clients and allow them to decide how best to serve clients that may move for medical reasons.

It was also recommended by one commenter that the WIC program assess the value of the in kind services being lost as a result of the regionalization.

Continuing Challenges: Three agencies spoke to continuing challenges with these proposed changes. One agency noted that it will still be difficult for smaller agencies to meet the new staffing requirements as they present an economic hardship. Two agencies noted that there are still challenges in consolidating service regions that include sovereign or specialized areas such as a military base or a sovereign Indian nation.

New challenges:

New challenges include how to best serve the needs of clients as agencies work out their new service regions and expected caseloads, and also how to ensure that agencies aren't penalized if their clients choose to receive services out of region and they do not meet expected case load as a result.

Another challenge, also related to service regions, is what to do about communities that may fall into a gray area, traditionally served by one agency but now placed into a different service region.

Areas for clarification:

Three agencies requested more detail on the expected responsibilities for Local Agencies in taking over the IT responsibilities.

Two additional questions were posed to the WIC program that are not specific to the proposed changes, but to the broader process that the changes are a part of:

- Will there be an evaluation done after these changes are implemented to see if the goals have been met, and if there are opportunities for changes in the future?
- Does the WIC program intend to hold a separate tribal consultation on the proposed program changes, and if not, why?

ATTACHMENT A: Alaska WIC Program Response to Questions from Interested Parties

These questions were collected during a series of teleconferences held in January 2012 with current and potential WIC grantees and other interested parties. Questions were also received via email. Answers are provided by the Alaska WIC program staff. The questions were grouped into several categories: structure, service areas/boundaries, staffing, IT infrastructure, funding and miscellaneous.

Structure

1. What is expected of being a lead agency? How is that defined? What would partnering be?

The lead grantee would have the grant agreement with the state and must ensure compliance with state and federal regulations. Partnering can be defined in any terms by the grantee, with the exception that the lead agency remains administratively and financially responsible for the grant activity and for the performance of the subcontractor.

2. Are there any guidelines for a lead agency in contracting with another agency to provide services?

There are no guidelines, only the applicable regulations concerning Procurement and Subcontracting; and that all the compliance requirements applicable to the primary grantee are also applicable to any subcontractor “subgrantee/partner”

3. Is there a preferred structure? For example, one main agency subcontracting with the other two agencies? How does the State picture this?

The State wants to avoid mandating any particular structure, however, an example of a structure could be the lead agency is responsible for the administrative duties of the grant and that is where the WIC Coordinator and lead dietitian are located. The lead agency staff would serve local clients and some villages, but use subcontractor(s) to serve satellite locations and villages. The subcontractor would have a CPA(s) and could have additional dietitians (as funding allows) to provide services.

4. How will the state develop the target caseload for the one agency? Will this be a combination of the two agencies current target caseload?

The State will develop target caseload based on current caseload numbers in the proposed service region. The goal is to transfer current caseload into the proposed service regions.

5. Can agencies serving less than 1000 clients be a lead agency?

Yes, a waiver is available for agencies who meet certain criteria. See above in the *Revised Proposed Changes to WIC Grantee Program*, page 1 of this document

6. What type of travel will be required by the State for one local agency?

The state requires that WIC grantees propose the frequency of visits to villages in the annual grant proposal. The State would expect the lead agency to conduct at a minimum annual on-site monitoring of satellite or subcontracted clinics. WIC grantees must also conduct annual client outreach activities and must monitor 5% of the WIC approved vendors in their service area.

7. What are the requirements for the one local agency to have an integrated health services program?

Under federal regulations CFR 246.5 Selection of local agencies, States are allowed to determine the selection of new local agencies. The Alaska WIC Program Office has identified that agencies are selected in the priorities listed below, for which preference points will be allocated in that order. In addition, the State will award additional points to agencies that have previous experience successfully operating a WIC grant.

- First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.
- Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.
- Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants or children).
- Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.
- Fifth consideration shall be given to a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

8. Will the lead agency be required to have a health department with licensed medical providers?

The state is not requiring the lead agency to be a health department with licensed medical providers; however, proposals will be scored and consideration will be given according to the published criteria, which will include the preferences listed in question #7.

- 9. Will the lead agency be required to have health representatives in each village and community?**

At this point the State is not mandating any staffing structure. Prospective grantees will be asked to provide a service delivery and staffing plan that addresses the targeted populations health, location, and cultural needs.

- 10. If two agencies apply to provide services to Interior Alaska and one agency does not have an integrated health program, will that agency be eliminated from the application process?**

See question and answer #8 above.

- 11. Would agency applying for the grant need to have space and staff already in place before the grant proposal is submitted?**

The successful grantee proposal must be able to provide all WIC services on the first day of the grant period, which is July 1, 2013.

Service Areas/Boundaries

- 12. What communities will be served by one agency in Interior Alaska? Is there a specific list of boundaries for this proposed local agency? In the past the State has used the Public Health Service Areas.**

See FY 14 WIC *REVISED* Proposed Changes, Attachments A and C. Attachment A, above, outlines the proposed service areas and Attachment C includes the specific communities within each of the proposed service areas.

- 13. Will there be any stipulation, for that one grantee to be required to open up Providence again?**

The successful grantee for the Anchorage service area will need to propose a service delivery plan and staffing structure that addresses the needs of the targeted population in that service region given the available funding.

Staffing

- 14. Do Paraprofessional CPA's provide program management and oversight?**

Please refer to the Revised FAQ, under proposed changes to grantee program, Item 4, page 2 of this document, "Require the WIC Coordinator to have a professional degree in addition to

extensive experience in performing a full range of administrative and management duties.”
The state assumes that the WIC Coordinator is the lead staff to provide program oversight and management.

15. Please define what a professional degree means? What is considered a related field? And, the comments that this position will work with the WIC RD's, and that RD's in the WIC coordinator position meet the requirements. Please clarify.

The WIC Coordinator's position will be similar to the State of Alaska definitions for professional degree requirements and substitutions of a Public Health Specialist I. In addition to the professional degree requirements and substitutions listed below, the State will also allow a Registered Dietitian.

A bachelor's degree from an accredited college in public health, health administration, nursing, nutrition, epidemiology, health sciences, health education, family and consumer science with emphasis in nutrition, community health, the biological sciences, or a closely related field.

AND

Four years of professional experience administering or providing specialized health care or public health services or programs. The required professional experience includes work such as a Registered Nurse, Public Health Nurse, Nurse Consultant, Health Program Specialist or Manager, Health and Social Services Planner, Nutritionist, Health Practitioner, Advanced Nurse Practitioner, Physicians Assistant.

Substitution: A master's degree from an accredited college in one of the required fields will substitute for two years of the required work experience.

16. Would a psychology degree be acceptable? Would a Bachelor of Science degree be acceptable? Would a Bachelor of Science with an interdisciplinary degree emphasis in premed be acceptable?

See answer above.

17. As a WIC Coordinator I do not currently have a bachelor's degree. Will I be grandfathered in as a Coordinator? If I am grandfathered in, will WIC allow time for me to complete my degree?

Degree has to be completed by July 1, 2013.

18. If the local agency utilizes an administration model of WIC Manager and Clinical Nutrition Manager, what would be the professional degree required for the WIC Coordinator?

See question #15 above for a definition of WIC Coordinator requirements.

19. What would be the requirements for the Clinical Nutrition Manager?

The Clinical Nutrition Manager should be a Registered Dietitian, or a person holding a BS, MS or PhD in the field of nutrition.

20. Will there be an expected client to RD ratio and a client to Paraprofessional CPA?

The State is not mandating a RD to client ratio. The State has historically used an approximation of one RD to 1,200 clients. However, successful WIC proposals will complete a thorough needs assessment of their service region and determine the best service delivery infrastructure to deliver WIC services within the allowed funding.

21. Are there minimum staffing levels or suggested staffing levels for CPA's and for dietitians?

The State has historically used an approximation of 1 full-time equivalent (FTE) for every 350 client per urban areas and 250 clients per remote areas. However, the State is not mandating minimum staffing levels for CPAs or dietitians, with the exception of requiring at least one lead dietitian per grantee.

22. If there were multiple WIC satellite clinics what are the requirements for staff credentials at each satellite clinic?

The State is not mandating requirements for staff credentials at each satellite clinic. The successful WIC proposals will complete a thorough needs assessment of their service region and determine the best service delivery infrastructure that can deliver WIC services within the allowed funding.

23. If RD is employed by partner agency and not Lead Agency, would this meet the new proposed requirement?

The lead RD does not have to be located at the Lead Agency. However, a formal contract for services must be in place identifying the responsibilities of the lead RD.

IT/Infrastructure

24. Will the State have a systems analyst on staff to handle the challenges of SPIRIT implementation?

The State is currently identifying staff requirements necessary to support the SPIRIT system.

25. Will there be technical assistance by the State WIC program for new IT responsibilities?

This is an excellent question and is helpful to remind the State of local agency needs under these proposed changes. The State will address this concern at a future time.

26. Since the local agency will be responsible for IT service, will the local agency be able to purchase hardware and software to meet the needs of the program without state approval?

The State has not identified the SPIRIT computer equipment specifications at this time. The State plans to replace existing AKWIC hardware in FY13 in preparation for implementing SPIRIT. The state anticipates allowing grantees to individually purchase IT hardware and software without state approval as long as it follows the state's specification, which will be defined at a later time.

27. Will the local agency be able to purchase printer and printer supplies that meet the needs of the program?

The State will continue to require local agency WIC programs to support the current MICR printers until the Electronic Benefit Transaction (EBT) services are implemented.

28. If the local agency does not have access to PolyCom/AFCAN carts, or WebX or Go to Meetings what would be a Local Agency options for providing virtual certification services to 20% of the rural WIC clients?

Under LA Memo 12-03 Notification of Mandatory Program Compliance, local agencies are allowed to use the following systems to implement video-certifications. The grantee can also propose a virtual system to the State for review and approval.

Alaska WIC grantees may use any of the following means to conduct virtual certification.

- PolyCom / AFCAN Carts
- WebX or Go To Meetings
- OWL <http://www.library.state.ak.us/dev/owl.html>
- Other type of secure virtual system

29. Would an agency interested in providing services to all interior communities have access to a system that would provide virtual certification services?

Each grantee infrastructure will need to negotiate the use of that agency's video-certification systems.

30. How would the State agency assist a local agency in providing virtual certification and nutrition education contacts?

The State will not provide or mandate a certain type of system used to complete video-certifications. LA Memo 12-03 Notification of Mandatory Program Compliance provides a list of possible video-certifications systems—See answer 28 above. Please remember at this time only LAs serving rural clients that cannot be seen in-person are required to conduct video-certifications to 20% of those clients.

31. In the rural Interior Alaska villages there are many communities where internet service is only available in the health clinic and the schools. Will the State WIC program assist the local agency in negotiating agreements for utilization of the rural internet service providers?

The State cannot take any responsibility for assisting a LA in a competitive process to negotiate agreements with other parties.

Funding

32. Will the funding for the one agency include the current allocation base for both agencies?

The State will continue to use the geographic differential bands in the current -- funding formula to allocate funding for each region.

33. For example will the standard base per client per year be used for the urban and for the rural clients and those funds combined for the one local agency? Or will there be a change in the per client rate?

The standard base per client allocation will continue to be paid based on the geographic differential banding.

34. Will the client rate per year be based on one type of client or will the state agency continue to fund at a rural and urban rate?

The State does not plan to change the funding formula for FY 14; however, grantees can provide suggestions to be considered for future changes.

35. Are there any proposed guidelines limiting the indirect rate of a local agency and available WIC funding?

In a competitive process, cost is a criterion for consideration in determining awards. One driving factor in the reorganization of WIC service areas is to effect cost savings.

36. Will cost of the local agency administrative funds be limited?

See response above.

37. Will there be set caps of overhead costs taken from lead agency off of money that is to be used with partner agency?

The State is considering any methods to implement cost savings.

38. Will the current funding formula be utilized to calculate travel funding available for one agency?

The current funding formula is not used to allocate travel costs. Travel costs are established based on each local agency's historical travel expenditures. Estimated travel funds for FY 14 will initially use historical travel costs for combined service areas.

39. Will the funds that are currently paid by AK WIC to the State IT program be available for distribution to the local agency budget for IT services?

The State does not know how much it will cost (personnel, software/hardware) to support and maintain the new SPIRIT system. Identifying State costs needed to maintain the SPIRIT system is one of the deliverables assigned to the current SPIRIT transfer contractor, Analyze Soft Inc.

Miscellaneous

40. How will the State ensure continuity of care and services if grant structure is changed and new agencies obtain grant?

The normal State procurement process requires grants to be competitively procured periodically, usually every three years. The Alaska WIC program has received multiple waivers from this procurement requirement due to the challenges of establishing a WAN connection for a new grantee which can take up to 3 months. When grantees submit their proposals to the State, the grantee will need to identify how they will meet the requirements of the grant on July 1, 2013 and must be ready to provide services on that date.

41. Will the State would be willing to work with the successful grantee in establishing MOU's or MOA's with various agencies or entities to provide those services at low or no costs?

The State WIC Program Office can assist in securing MOAs with other state entities. Local agencies have the responsibility to establish formal relationships with local agencies in their region necessary to deliver services

42. When will these proposed changes begin?

Successful FY 14 WIC grantees will need to comply with the proposed changes by July 1, 2013.

43. When will the RFP come out?

The State is currently reviewing the comments received on the FY 14 proposed changes and plans to issue the RFP by December 15, 2012.

Attachment B: Proposed Regionalization of WIC grantees

Current Service Structure		Revised Proposed FY 14	
Service Areas	# Grantees	Service Areas	# Grantees
Aleutian/Pribilof Island	1	Aleutian/Pribilof Island	1
Anchorage	3	Anchorage	1
Bristol Bay	1	Bristol Bay	1
Fairbanks (North Star Borough)	1	Fairbanks	1
Southeast Fairbanks/Denali Borough	1	Southeast Fairbanks/Denali Borough	1
Kodiak Island	1	Kodiak Island	1
Kotzebue	1	Kotzebue	1
Valdez/Cordova	1	Valdez/Cordova	1
Mat-Su/ Kenai Peninsula	1	Mat-Su; Kenai Peninsula;	1
Norton Sound	1	Norton Sound	1
North Slope	1	North Slope	1
Southeast	2	Southeast	1
Yukon-Kuskokwim	1	Yukon-Kuskokwim	1
Total	16		13

Note: As indicated in the table, a few of the former WIC service areas have been combined or renamed into service delivery regions and/or are consolidated. Although some regions have less than 1,000 participants, those regions may request a waiver if they can demonstrate they have successfully operated a WIC grant or other similar grant with the State of Alaska.

Attachment C: Complete Participant List, June 15th Teleconference

Name	Affiliation	Title
Scooter Welch	Resource Center for Children & Families	Executive Director
Sarah Stempek	Resource Center for Children & Families	WIC Coordinator
Ann Burtness	Resource Center for Children & Families	WIC Coordinator
Eileen Cole	Resource Center for Children & Families	
Carolyn Crowder	Aleutian Pribilof Islands Association	Health Director
Suzie Nunn	Bristol Bay Area Health Corporation	WIC Coordinator
Lisa Fenn	Southeast Alaska Regional Health Corp	WIC Coordinator
Karen Cutler	Alaska Family Services	WIC Clinician Coordinator
Khadija Alhrahbi	Yukon-Kuskokwim Health Corporation	WIC Coordinator
Julie Serstad	North Slope Borough	Deputy Director Health Services
Holly Morales	Cook Inlet Tribal Council	
Peggy Michelson	ASYMCA	WIC Coordinator
Alberta Unok	Alaska Native Health Board	
Becky Carillo	State WIC	Assistant WIC Director
Dana Kent	State WIC	WIC Clinic Operations